

NAME Marco McMillan
CASE # ME13-0229

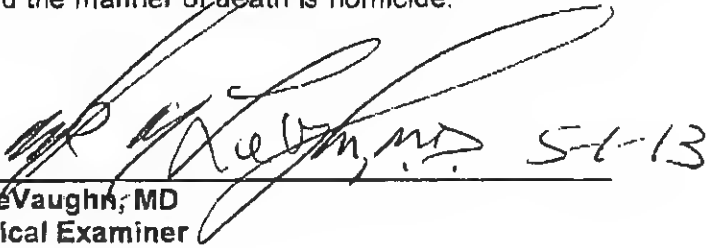
W R E G

CAUSE OF DEATH: Asphyxia of undetermined etiology

MANNER OF DEATH: Homicide

OPINION:

This 33 year old male identified as Marco McMillan died as a result of asphyxia of undetermined etiology. This is evidenced by conjunctival hemorrhage in the right eye and multiple contusions of the tongue. Additional autopsy findings that most likely contributed to his death are multiple areas of blunt trauma to the head that are consistent with a beating. It cannot be determined with certainty if the thermal injury is ante-mortem or post-mortem. The superficial scratches to the left side of the face and left arm were most likely produced by a sharp and or pointed object. The abrasions of the knees are most consistent with 'drag type' injury. Toxicology was non-contributory in his death. With the currently available information and autopsy findings, the cause of death is asphyxia of undetermined etiology and the manner of death is homicide.


Mark M. LeVaughn, MD
Chief Medical Examiner

MML



MISSISSIPPI STATE MEDICAL EXAMINER'S OFFICE
1700 E. WOODROW WILSON AVENUE
JACKSON, MS 39216-1700



PATHOLOGICAL EXAMINATION

McMillian, Marco

Case No. ME13-0229

County: Coahoma

Sex: M

Age: 33

Race: B

Date and Time of Autopsy: February 28, 2013 at 0900 Hours

FINAL PATHOLOGIC DIAGNOSES

PRIMARY DIAGNOSES:

I. Asphyxia of undetermined etiology with beating and burning

A. Evidenced by:

1. Conjunctival hemorrhage, right eye
2. Multiple contusions of the tongue

B. Associated with:

1. Multiple blunt trauma due to beating
 - a. Abrasions and lacerations of head, back and legs
2. Multiple areas of thermal injury
 - a. Multiple areas of second and third degree burns

Forensic Pathologist:

Mark M. LeVaughn, MD



REPORT OF DEATH INVESTIGATION

MARCO MCMILLIAN Page 1

Central Office Use Only

(Date of Receipt)

(DDC Code)

(COD Code)

ME Case Number

DECEDENT: MARCO WATSON MCMILLIAN
(First Name) (Middle Name) (Last Name) (Jr., Sr., III, etc.)
ADDRESS: CLARKSDALE MS COAHOMA
(Number & street or Route, Box No.) (City, State) (County)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give months & days) 33 Years Date of Birth 4/23/1979	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	CLOTHING <input type="checkbox"/> Clothed <input type="checkbox"/> Partly Clothed <input checked="" type="checkbox"/> Unclothed	BODY TEMPERATURE <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Cold (If taken)	BLOOD <input checked="" type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None	FROTH <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	OCCUPATION (Please fill in both parts) TYPE OF WORK: (Example: Machinist, typist, fireman, farmer, salesman, homemaker)
MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> White	EYES: Color _____ R _____ L _____ WEIGHT: lbs _____ LENGTH: 6' 1"	RIGOR (Circle Degree) <input checked="" type="checkbox"/> Neck 0 1+ 2+ 3+ <input checked="" type="checkbox"/> Arms 0 1+ 2+ 3+ <input checked="" type="checkbox"/> Legs 0 1+ 2+ 3+	OTHER Dirt, water, etc.) <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> None	INDUSTRY: (Example: textile, banking, fire dept., farming, insurance, home)	
RACE <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	OTHER HAIR <input type="checkbox"/> Mustache <input type="checkbox"/> Beard	MISCELLANEOUS: <input checked="" type="checkbox"/> BLISTER AND BURN WHERE HE WAS APPARENTLY SET ON FIRE <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Circumcised	LIVOR Color PURPLE Fixed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DECOMPOSITION <input checked="" type="checkbox"/> Early <input type="checkbox"/> Advanced <input type="checkbox"/> None	<input checked="" type="checkbox"/> No Occupational Information	

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	Unknown	Unknown	???	???	ON THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST SEEN ALIVE			???	???	???
DEATH	Unknown	Unknown	???	???	???
FOUND DEAD BY	2/27/2013	10:00 AM	(By Whom: Name and Address or Title) MYER GILBERT CHIEF DEPUTY HIGH WATER	COAHOMA	WOODB
POLICE NOTIFIED			POLICE AGENCY:		OFFICER: Cophoma County SO
CORONER/ME NOTIFIED	2/27/2013	11:00 AM	(By Whom: Name and Address) CHIEF DEPUTY MYER GILBERT		
VIEW OF BODY	2/27/2013	11:15 AM	HIGH WATER RD NEAR SHERARD		<input type="checkbox"/> NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH	???	(Name)	(Address)		BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input type="checkbox"/> No Why not? POST

MANNER OF DEATH

☐ NATURAL ☒ HOMICIDE ☐ ACCIDENT ☐ SUICIDE ☐ UNKNOWN ☐ PENDING

**MEDICO-LEGAL
AUTOPSY AUTHORIZED:**

☒ Yes ☐ No

**PATHOLOGIST,
MSME**

OTHER AUTOPSY DONE:

☐ Yes ☒ No

PROBABLE CAUSE OF DEATH:

1. PENDING

2. Due to:

Contributing factor:

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such matters is true and correct to the best of my knowledge and belief.

(Signature of Coroner or Medical Examiner)

2/28/2013

COAHOMA

(Date Signed)

(County)

(Your Number)

Decedent's Social Security Number:

Body Released To:

Date:

Time:

ME13-0224

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REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)					
<input checked="" type="checkbox"/> HOMICIDE	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> POISONING	<input type="checkbox"/> POLICE CUSTODY	<input type="checkbox"/> PUBLIC HEALTH HAZARD	<input type="checkbox"/> SURGICAL/ANESTHETIC PROCEDURE
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> DISASTER	<input type="checkbox"/> UNKNOWN OR SUSPICIOUS	<input type="checkbox"/> STATE	<input type="checkbox"/> Sudden/Unexpected	<input type="checkbox"/> UNATTENDED
<input type="checkbox"/> TRAUMA	<input type="checkbox"/> VIOLENT		<input type="checkbox"/> LOCAL/OTHER		

MEANS OF DEATH (Agency or Object) - IF DEATH OTHER THAN NATURAL					
IF MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn		<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Motorbike	

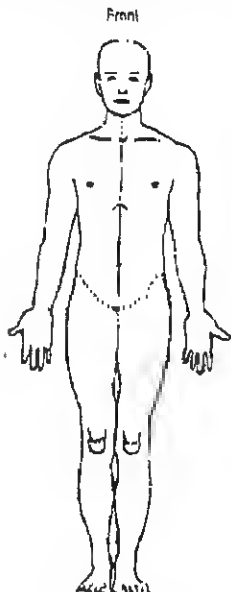
IF GUN	<input type="checkbox"/> Rifle-Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblique	LOCATION OF WOUNDS (if no autopsy):	
	<input type="checkbox"/> Handgun-Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate		
	<input type="checkbox"/> Shotgun-Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated		
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____		

IF INSTRUMENT:	What Kind:	TYPE & LOCATION OF INJURIES:
	<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Unknown Kind	

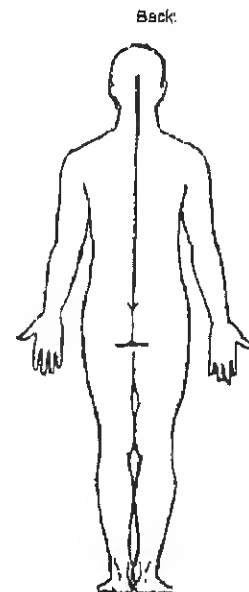
IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol	REMARKS/SYMPTOMS:	<input type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify by Name)		<input type="checkbox"/> Injected	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown

CONDITION:	MEDICAL HISTORY
<input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease	<input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure (specify) <input type="checkbox"/> Other (specify)
DOCTOR: _____ Where treated: _____ Medications: _____	

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):



I WAS CALLED BY CHIEF DEPUTY GILBERT THAT A BM WAS FOUND IN EDGE OF WOODS OFF OF LEVEE NEAR HIGH WATER RD. VICTIM WAS FOUND ON BACK UNCLDTHED. SMALL AMOUNT OF SEAMEN WAS SEEN ON PENIS AND RECOVERED BY CRIME LAB. CHIEF GILBERT STATED THAT ON 2-26-13 THERE WAS A MDTDR VEHICLE ACCIDENT IN TALLAHATCHIE COUNTY NEAR THE PRISON. VICTIM DRIVING MR. MCMILLIAN CAR WAS AIRLIFTED TO THE MED IN MEMPHIS TN. WHEN HE GOT TO THE MED E ADMITTED TO KILLING MR. MCMILLIAN AND DUMPING HIS BODY NEAR THE LEVEE. COUNTY SEARCH AND RESCUE WERE DISPATCHED NO RESULTS ON 2-26-13. 2-27-13 CHIEF GILBERT, DEPUTIES, MBI AND CRIME LAB STARTED TO SEARCH AGAIN WHEN THEY NOTICED TIRE TRACK MARKS GOING DOWN SIDE OF LEVEE. THAT IS WHEN THEY FOUND MR. MCMILLIAN. PLEASE SCRAPE FINGERNAILS, SEX ASSAULT KIT AND SWAB PENIS FOR DNA TO BE TESTED AGAINST SUSPECT.



Next Of Kin: AMDS MCMILLIAN

Phone Number: ()-

Funeral Home: WOOLF FH

COAHOMA COUNTY

ME#13-0229

MCMILLIAN, MARCO W

A

CONTUSIONS OF
TONGUE

CONJUNCTIVAL
hemorrhage, Right eye

DATE OF EXAMINATION: _____

TIME: _____

Black hair
Brown eyes
NATURAL TEETH

ABRASION
3 CM

ABRASION'S
2.5 CM LACERATION

HEMATOMA

ABRASIONS

SURFACE
SCRATCH
5.2 X 0.2 CM

THERMAL
INJURY

5 X 2 CM
ABS

5 X 2 CM
ABS

ABRASION/SCRATCH
13.0 X 0.2 CM

THERMAL
INJURY

CIRCUMCISED

HANDS &
FEET
COVERED
WITH BROWN
PAPER BAG

ABRASIONS

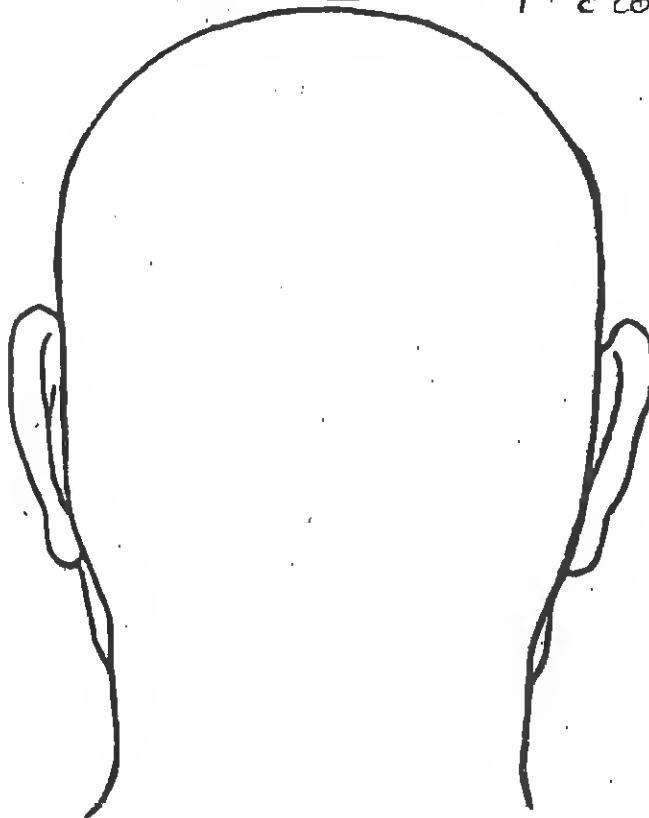
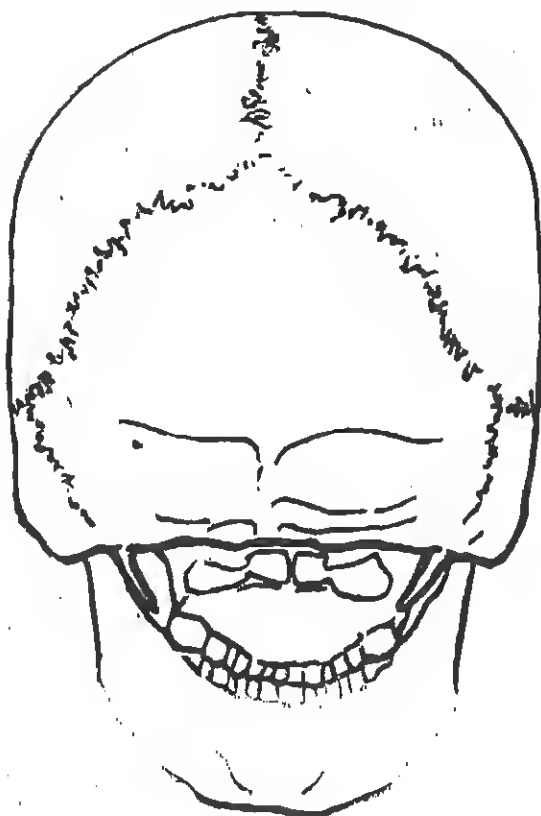
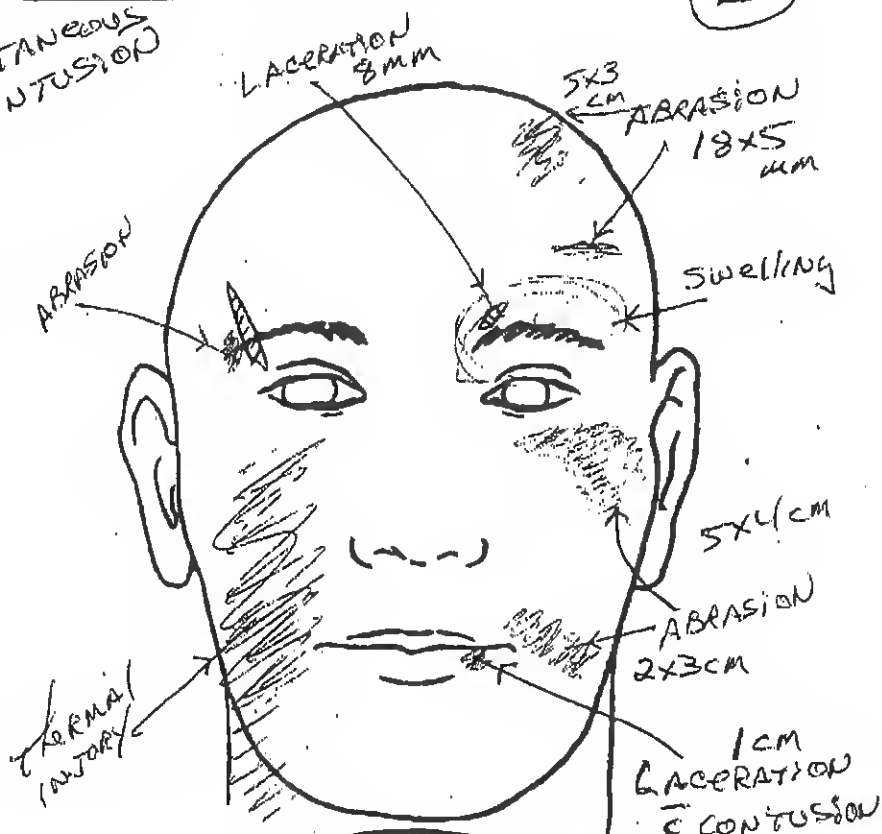
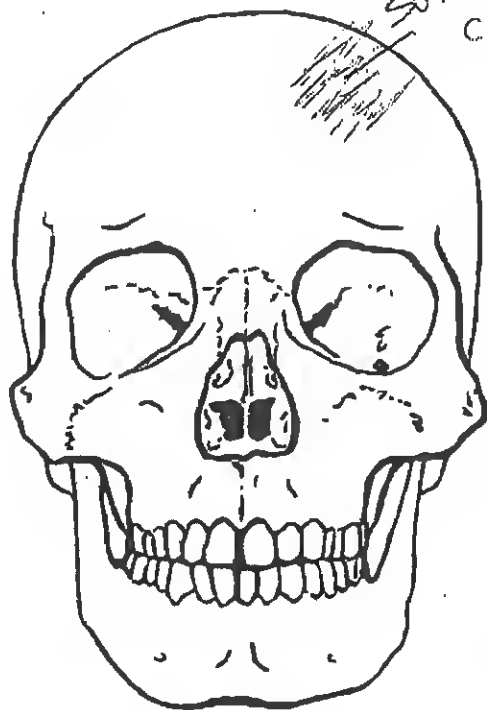
ABRASIONS

THERMAL
INJURY

UNCLOTHED
DIRTY DRY "GRASS"
ON CHEST

(X) = TATTOO

Head, surface and skeletal anatomy, anterior and posterior views.

Name M. McMillan Autopsy No. MEB-0029
Age 33 Race B Sex M Date 1 1 (B)



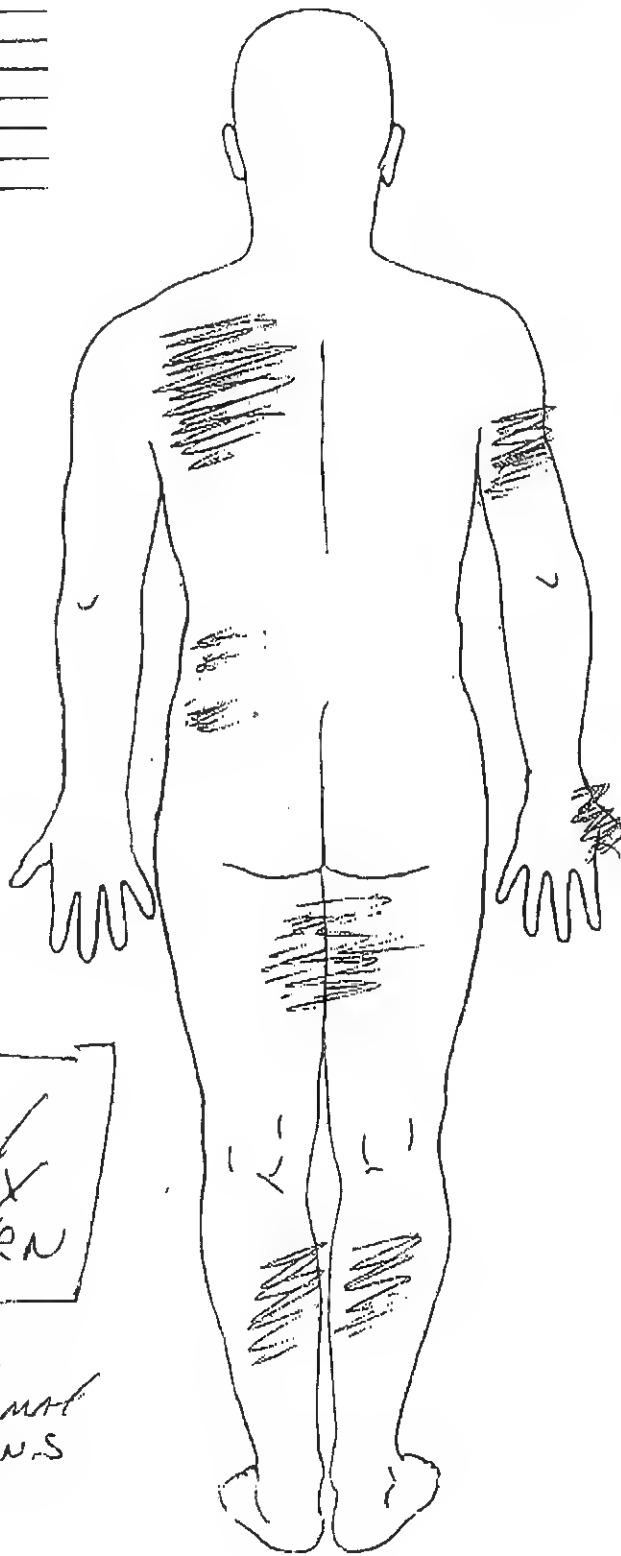
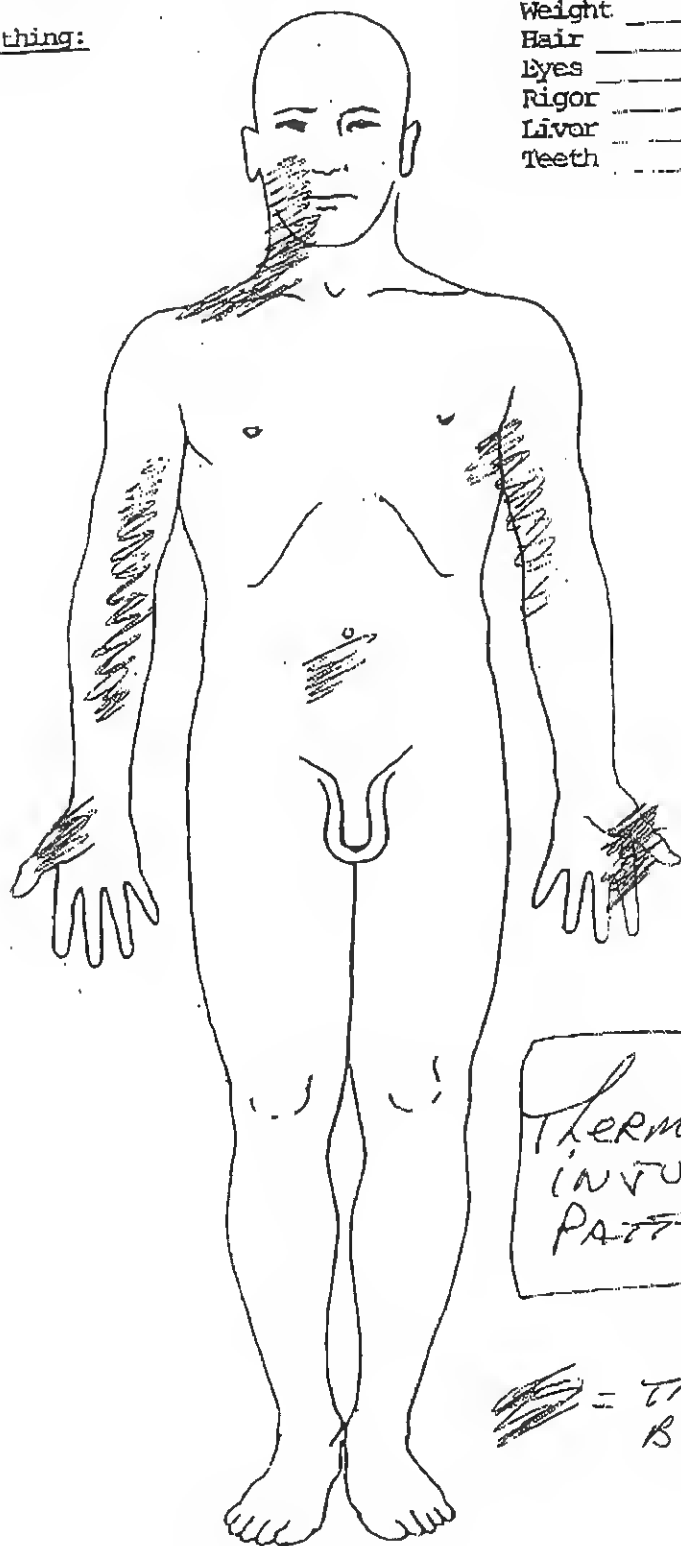
Name M. McMillan
Age 33 Race B Sex M

Autopsy No. MEB 0229
Date 1 1

(C)

Clothing:

Height _____
Weight _____
Hair _____
Eyes _____
Rigor _____
Liver _____
Teeth _____



Thermal
INJURY
PATTERN

= THERMAL
BURNS



Name

M. McMillian

Autopsy No.

ME13-0229

Age

Race

Sex

Date

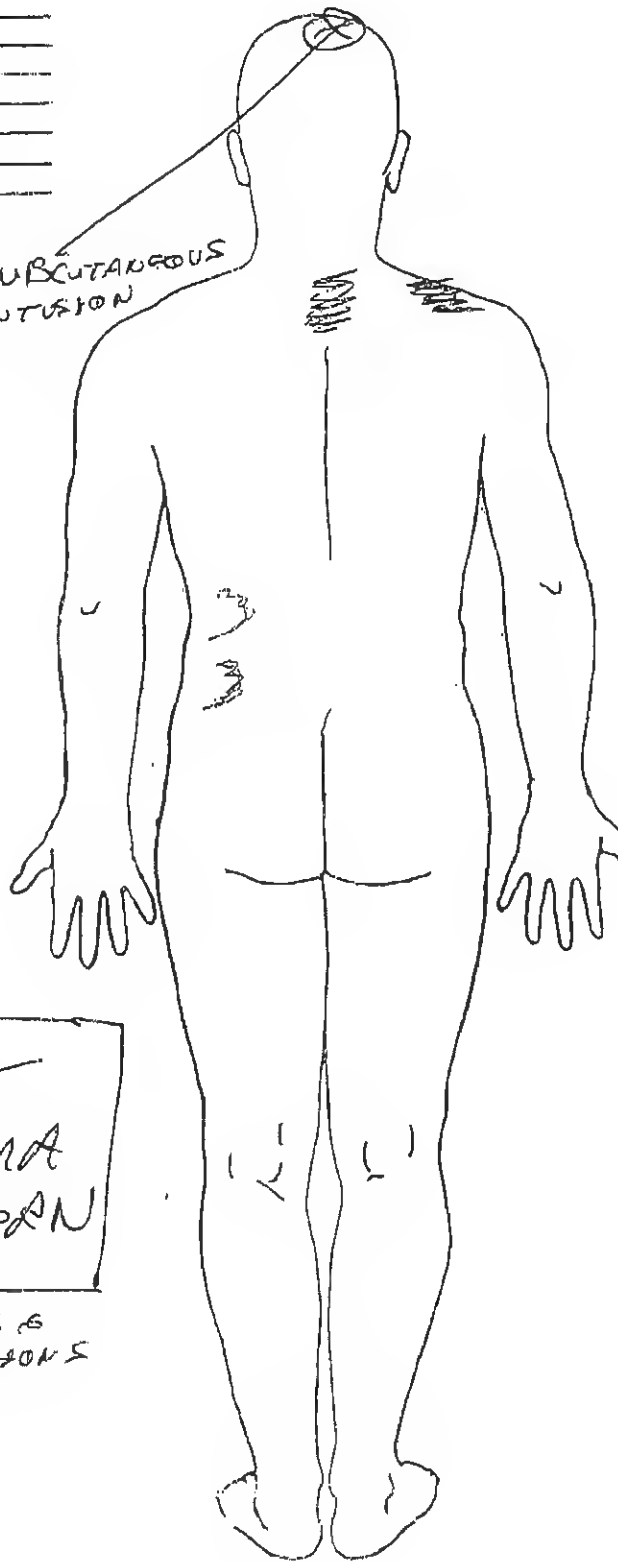
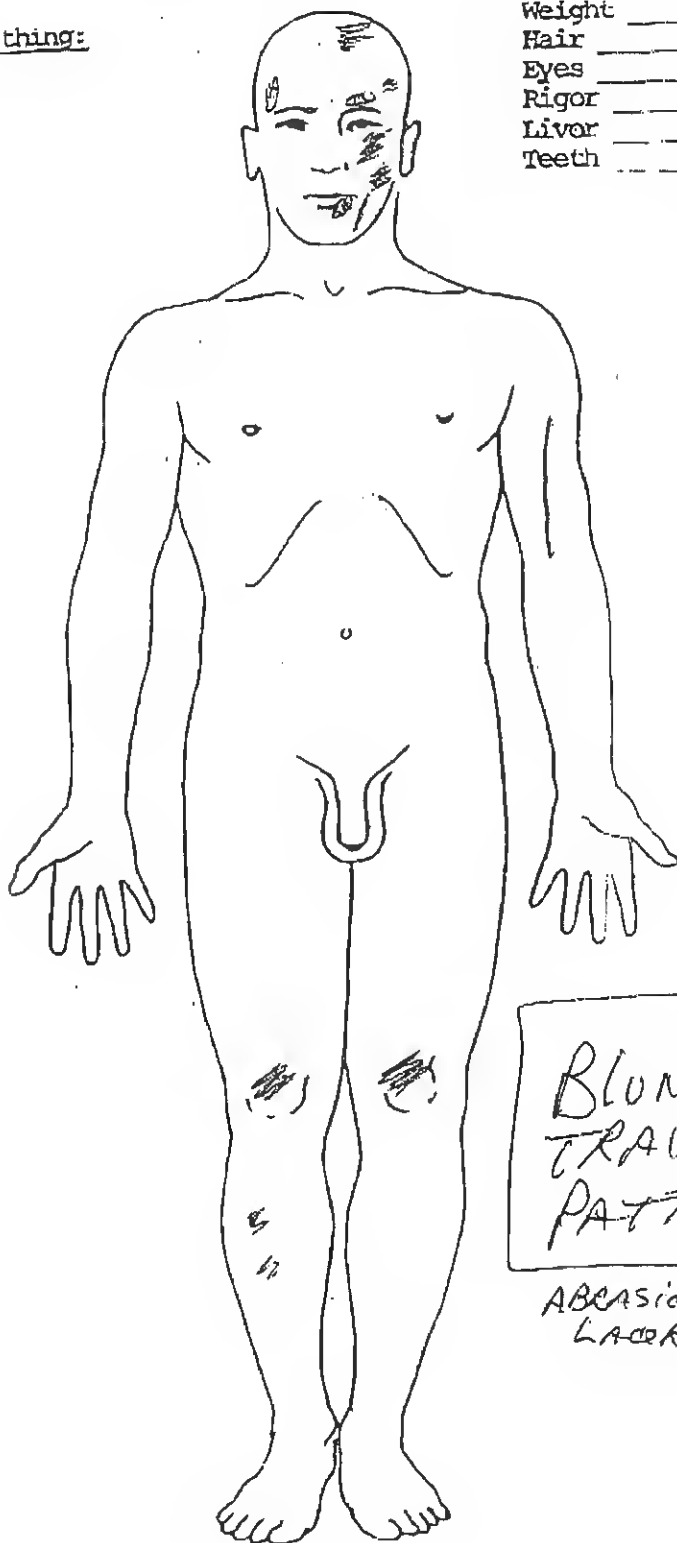
/ /

⑤

Clothing:

Height _____
Weight _____
Hair _____
Eyes _____
Rigor _____
Livor _____
Teeth _____

SUBCUTANEOUS
CONTUSION



BLUNT
TRAUMA
PATTERN

ABRASIONS &
LACERATIONS

**NMS Labs**

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19080-0437
 Phone: (215) 657-4900 Fax: (215) 657-2872
 e-mail: nms@nmslabs.com
 Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL**Toxicology Report**

Report issued 03/15/2013 13:02

To: 10109
 Mississippi State Medical Examiner Office
 Attn: Sam Howell
 1700 E. Woodrow Wilson
 Jackson, MS 39216

Patient Name MCMILLIAN, MARCO W.
 Patient ID 13-4122-20A JAE
 Chain 11404860
 Age Not Given
 Gender Not Given
 Workorder 13061025

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Ethanol	77	mg/dL	Blood
Blood Alcohol Concentration (BAC)	0.077	g/100 mL	Blood
Caffeine	Positive	mcg/mL	Blood
Nicotine	Positive	ng/mL	Blood
Delta-9 THC	10	ng/mL	Blood
Delta-9 Carboxy THC	6.6	ng/mL	Blood
Duloxetine	660	ng/mL	Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	7 mL	Not Given	Blood	

All sample volumes/weights are approximations.
 Specimens received on 03/07/2013.



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Workorder 13061025
 Chain 11404660
 Patient ID 13-4122-20A JAE

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt Limit	Specimen Source	Analysis By
Ethanol	77	mg/dL	10	001 - Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.077	g/100 mL	0.010	001 - Blood	Headspace GC
Caffeine	Positive	mcg/mL	0.10	001 - Blood	GC/MS
Nicotine	Positive	ng/mL	12	001 - Blood	GC/MS
Delta-9 THC	10	ng/mL	1.0	001 - Blood	GC-GC-GC/MS
Delta-9 Carboxy THC	6.6	ng/mL	5.0	001 - Blood	GC-GC-GC/MS
Duloxetine	660	ng/mL	12	001 - Blood	LC-MS/MS
Ethanol	Confirmed	mg/dL	10	001 - Blood	Headspace GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Caffeine (No-Dos) - Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

Following the oral ingestion of 120 and 300 mg of caffeine, reported peak plasma concentrations of the drug averaged 3.0 mcg/mL (range, 2.0 - 4.0 mcg/mL) and 7.9 mcg/mL (range, 6.0 - 9.0 mcg/mL), respectively. A single oral dose of 500 mg produced a reported peak plasma concentration of 14 mcg/mL after 30 min.

Reported concentrations of caffeine in caffeine-related fatalities averaged 183 mcg/mL (range, 79 - 344 mcg/mL).

The reported qualitative result for this substance is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

2. Delta-9 Carboxy THC (Inactive Metabolite) - Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principal psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

3. Delta-9 THC (Active Ingredient of Marijuana) - Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principal psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. THC concentrations in blood are usually about one-half that of serum/plasma concentrations. The active metabolite, 11-hydroxy-THC, may also fall below detectable levels shortly after inhalation. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.



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Chain 11404860
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Reference Comments:

Reported usual peak THC concentrations in serum after smoking 1.75% or 3.55% THC marijuana cigarettes are 50 - 270 ng/mL after beginning of smoking, decreasing to less than 5 ng/mL by 2 hrs. Corresponding delta-9-carboxy-THC concentrations range from 10 - 101 ng/mL about 32 to 240 minutes after the beginning of smoking and decline slowly. Passive inhalation of marijuana smoke has been reported to produce blood THC concentrations up to 2 ng/mL. Delta-9-carboxy THC concentrations in blood may not be present following passive inhalation of marijuana smoke.

4. Duloxetine (Cymbalta®) - Blood:

Duloxetine is an antidepressant drug that is described as a 'balanced' inhibitor of both norepinephrine and serotonin neuronal reuptake. In addition to its use in major depressive disorder (MDD), duloxetine is indicated for use in the management of neuropathic pain associated with diabetic peripheral neuropathy.

Duloxetine is well absorbed after oral administration. There is a median 2-hour lag until absorption begins. The drug is highly bound to plasma proteins (greater than 95%). Duloxetine appears to be extensively metabolized in humans to form multiple oxidative and conjugated metabolites. All of the metabolites identified are pharmacologically inactive.

The mean elimination half-life of the drug is approximately 12 hours (range, 8 to 19 hours). Steady-state plasma concentrations are commonly achieved after 3 days of dosing with the drug.

Steady-state trough plasma concentrations were dose-related after 5 days of oral therapy and were reported as:

20 mg twice daily: 4 - 22 ng/mL
30 mg twice daily: 8 - 48 ng/mL
40 mg twice daily: 12 - 60 ng/mL

The more common adverse effects of the drug include dizziness, fatigue, sedation, insomnia, nausea, dry mouth, constipation, and decreased appetite.

5. Ethanol (Ethyl Alcohol) - Blood:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples. The blood alcohol concentrations (BAC) can be expressed as a whole number with the units of mg/dL or as a decimal number with units of g/100 mL which is equivalent to % w/v. For example, a BAC of 85 mg/dL equals 0.085 g/100 mL or 0.085% w/v of ethanol.

6. Nicotine - Blood:

Nicotine is a potent alkaloid found in tobacco leaves at about 2 - 8% by weight. It is also reportedly found in various fruits, vegetables and tubers, e.g., tomatoes and potatoes, but at a smaller per weight fraction. As a natural constituent of tobacco, nicotine is found in all commonly used smoking or chewing tobacco products. It is also in smoking cessation products, e.g., patches. Nicotine has been used as a pesticide, although not as widely since the advent of more effective agents.

Nicotine is extensively metabolized; the primary reported metabolite is the oxidative product cotinine. The plasma half-life of nicotine is short (approximately 1 - 2 hr); while that of cotinine is about 20 hr. Non-smokers typically have plasma/serum nicotine concentrations of less than 10 ng/mL; however, levels may be higher depending on exposure parameters, e.g., length of time in a tobacco smoke environment; amount of airborne nicotine, etc. Tobacco users and transdermal patch wearers have typical nicotine plasma/serum concentrations less than 100 ng/mL. However, many factors influence the levels found in an individual, including: frequency of use; amount of nicotine exposed to; route of administration; etc.

Toxic effects of nicotine overdose include nausea, vomiting, dizziness, sweating, miosis, EEG and ECG changes, tachycardia, hypertension, respiratory failure, seizures and death. Death from nicotine exposure



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 Chain 11404860
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Reference Comments:

usually results from either a block of neuromuscular transmission in respiratory muscles or from seizures.
 Reported blood levels of nicotine in deaths attributed to the compound range from 1000 - 5800000 ng/mL.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine. A separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for nicotine is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 13061025 was electronically
 signed on 03/15/2013 12:52 by:

Susan Crookham,
 Certifying Scientist

Analysis Summary and Reporting Limits:**Acocde 50013B - Cannabinoids Confirmation, Blood (Forensic)**

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
11-Hydroxy Delta-9 THC	5.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acocde 52036B - Duloxetine Confirmation, Blood (Forensic)

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Duloxetine	12 ng/mL		

Acocde 52250B - Alcohols and Acetone Confirmation, Blood (Forensic)

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acocde 8052B - Postmortem Toxicology - Expanded, Blood (Forensic)

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzodiazepines	100 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL
Cocaine / Metabolites	20 ng/mL		

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:



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Chain 11404860
Patient ID 13-4122-20A JAE

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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine / Metabolite	0.50 ng/mL		

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non digitalis), Hallucinogens, Hypnotics (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroid Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

NAME Marco McMillan
CASE # ME13-0229

IDENTIFICATION:

An autopsy was performed on the body of Marco McMillan at the Mississippi State Medical Examiner's Office in Jackson, Mississippi on Feb 28, 2013 by Dr. Mark M. LeVaughn, Chief Medical Examiner.

EXTERNAL EXAMINATION:

The body is that of a normally developed adult black male who appears to be the stated age of 33 years. The body is 71 inches long and weighs 196 pounds. The eyes are brown. There is a 4mm conjunctival hemorrhage of the medial right eye. The hair is black. The teeth are natural. Rigidity is 4+/4+. Lividity is poorly discernible. There is no clothing on the body. The hands and feet are covered with brown paper bags.

EVIDENCE OF TREATMENT:

None

EVIDENCE OF INJURY:

There are multiple blunt traumatic injuries. There are multiple areas of thermal injury.

On the right forehead at the lateral right eyebrow there is a 3 cm vertical laceration. There is swelling and contusion and an 8 mm laceration laceration of the left periorbital soft tissue. There is an 18x5 mm abrasion above the left eyebrow. There is a 5x3 cm abrasion of the left parietal scalp. There is a 1.5 cm laceration of the inner left lower lip. On the anterior lateral left upper arm there is a linear 13.0 x 0.2 cm long superficial abrasion/scratch. On the left side of the face there is a linear superficial abrasion/scratch 5.2x0.2 cm. A 2.5 cm abrasion is on the anterior left knee and anterior right knee. There is a 3x4 cm subcutaneous contusion of the left parietal scalp. There are two small abrasions on the anterior distal right leg (shin) each less than 1 cm. There is a 5 cm abrasion on the posterior left elbow. There is a 5x2 cm abrasion on the mid upper back and a 5x2 cm abrasion on the superior right shoulder. On the lateral left back there are two adjacent and similar appearing areas of abrasion with thermal injury. Each is crescent shaped and 7cm diameter. There are two areas of abrasion on the left side of the face 5x4 cm and 2x3 cm. External evidence of blunt trauma to the neck may be masked by the thermal injury to the neck.

There are multiple areas of 2nd and 3rd degree burns that have a random "splash type" pattern. These burns are located on the right side of the face and right neck, anterior right arm, right hand, mid abdomen, posterior and medial left upper arm and chest, left hand, left upper back, lateral left back, posterior medial right and left thighs and posterior right and left calves.

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INTERNAL EXAMINATION:

HEAD AND NECK:

Dissection of the scalp shows no evidence of skull fracture. There is a 3x4 cm subcutaneous contusion of the left parietal scalp. Internal examination of the cranial cavity shows no evidence of hemorrhage or exudate. The dura and leptomeninges are unremarkable. The brain weighs 1320 grams. The vessels at the base of the brain form an essentially normal circle of Willis and are patent. The cranial nerves are unremarkable. There is no evidence of brain swelling or herniation. The sulci and gyri are normally developed. The cerebral and cerebellar hemispheres are roughly symmetric and the brain stem is in the midline. Multiple sections of the brain show well-demarcated gray and white matter. The ventricular system is in the midline, not enlarged and wet with clear cerebral spinal fluid. The basal ganglia are unremarkable. There is no evidence of pathologic change or traumatic injury on multiple cut surfaces of the brain. Multiple sections of the brainstem and cerebellum show no pathologic change or traumatic injury. Examination of the floor and the base of the skull show no evidence of fracture. There is a 1.5 cm laceration of the gingival surface of the lower left lip. There is a 1 cm contusion of the lateral right tongue. There is a 1 cm contusion of the lateral left tongue. There is a 1 cm contusion of the mid tongue. There is no other pathologic change or traumatic injury within the oral cavity. Dissection and examination of the neck shows no pathologic change or traumatic injury to the soft tissue, cartilaginous or vascular structures of the neck. The carotid arteries and jugular veins are patent. The upper airway is patent. The thyroid gland is unremarkable. Dissection of the perilaryngeal soft tissue shows no identifiable evidence of hemorrhage within the muscle layers of the anterior, posterior and lateral neck. The hyoid bone is intact and without hemorrhage. The thyroid cartilage shows no identifiable evidence of traumatic injury.

CHEST:

Dissection of the anterior chest shows no evidence of deep soft tissue injury, rib or sternal fracture. Internal examination of the chest cavity shows the heart and lungs with the usual shape and in the usual position. The heart weighs 410 grams. The predicted mean is 370 grams. The right lung weighs 600 grams. The left lung weighs 540 grams. The pericardial and pleural cavities are wet with serous fluid. The great vessels arise from and return to the heart in a normal manner. There are no pericardial or pleural adhesions. The epicardial and pericardial surfaces of the heart are smooth. Multiple sections of the coronary arteries are patent. Multiple sections of the heart show red-brown myocardium with no hemorrhage, scarring or necrosis. The right ventricle is 3-4 millimeters thick. The right ventricle diameter is 4.5 centimeters. The left ventricle is 18-20 millimeters thick. The left ventricle diameter is 2.5 centimeters. The endocardial surfaces are smooth and the valves are thin and flexible with no fusion, vegetation or thickening. The tricuspid, pulmonary, mitral and aortic valves are 11.0, 6.0, 10.0, and 6.0 centimeters in circumference each, respectively. The posterior mediastinum including the esophagus and lymph nodes are all unremarkable. The external and cut surfaces of both lungs are red-pink and purple. The cut surfaces show congestion and edema with no evidence of consolidation, tumor or emboli. The proximal and distal airways are patent. The posterior ribs, lower cervical and thoracic vertebrae show no pathologic change or traumatic injury. The thoracic aspect of the diaphragm is unremarkable.

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ABDOMEN:

The peritoneal cavity is wet with serous fluid. The gastrointestinal tract including the esophagus shows no pathologic change or traumatic injury. The stomach contains approximately 100 cubic centimeters of gray brown liquid. The mucosal surfaces are intact with no evidence of hemorrhage or ulcer. The remaining abdominal visceral organs have the usual shape and are in the usual position. The visceral organ weights are: liver 1800 grams, spleen 175 grams, right kidney 225 grams, left kidney 200 grams and pancreas approximately 100-150 grams. The external and cut surfaces of the liver, gallbladder, pancreas, spleen, adrenal glands and kidneys show no other pathologic change or traumatic injury. Within the pelvis, the ureters and urinary bladder show no traumatic injury or pathologic change.

MICROSCOPIC DESCRIPTION:

Sections of the heart, lung, kidney, liver and brain show variable vascular congestion without hemorrhage, inflammation, necrosis, scarring, inflammation, thrombosis or malignancy. The lung shows scattered postmortem bacterial growth. Section of the tongue shows multifocal interstitial acute hemorrhage. There is no necrosis, scarring or inflammation. Sections of the neck (skeletal muscle and thyroid gland) show no hemorrhage, inflammation, necrosis, scarring or necrosis.